



2021 Legislative and Budget Priorities

This package of legislation continues the progress California has made implementing and improving on the Affordable Care Act over the last decade, when we have led the nation with the biggest drop of the uninsured rate of any state. Our coalition of over 70 organizations seek additional and bold action to achieve a universal health care system that is affordable, accountable, and equitable to all Californians. These are steps we can take now, without the need for federal approvals or Acts of Congress, in this urgent moment to help recover from the current pandemic, and set us up for a stronger health system for the future.

COVERING ALL CALIFORNIANS AND INCREASING AFFORDABILITY TOWARD UNIVERSAL CARE

Everybody benefits when everyone is covered, getting primary and preventive services to stay healthy, a key factor in getting us out of our current public health emergency. Specific state budget and policy steps can remove exclusions in our public programs and increase affordability to reduce our uninsured rate to the under 5% level of almost all developed nations. This package includes expansions, redirected affordability assistance, and easier eligibility and enrollment.

- **SB 56 (Durazo) & AB 4 (Arambula): *Expand Medi-Cal Regardless of Immigration Status, Toward the Goal of #Health4All.*** Medi-Cal should cover all income-eligible adults regardless of their immigration status, starting with seniors, the most vulnerable population currently excluded from public coverage programs, who are particularly at risk during the COVID-19 pandemic. [Co-Sponsored by California Immigrant Policy Center and Health Access California]
- ***Increase Affordability Assistance in Covered California.*** ACA subsidies have helped millions of people afford health coverage, but more help is needed, especially in a high cost state like California. New federal premium assistance—modeled on what we won in California in 2020, is a key victory for consumers and will supplant existing state subsidies. California should now extend and repurpose these state investments to lower or eliminate ever-rising deductibles, guaranteeing zero premiums for those with lower-incomes, and address other inequitable cost-sharing to help more Californians get covered, during the pandemic and beyond. [Budget effort sponsored by Health Access California]
- **AB 644 (Leyva): *Connecting the Unemployed to Covered California and Medi-Cal.*** The pandemic has seen many lose not only their jobs, but their health coverage as well. This bill will require California's unemployment agency to pass on the information of people applying for or losing unemployment benefits to Covered California to help people enroll in the exchange or Medi-Cal, keeping more people covered. [Co-Sponsored by Health Access, California Pan Ethnic Health Network, Western Center on Law & Poverty]
- ***Medi-Cal Continuous Coverage for Young Children and 12 Months Post-Pregnancy Coverage.*** Extending post-pregnancy care can be vital for both mother and baby. California should provide twelve months of Medi-Cal coverage after the end of a pregnancy regardless of mental health conditions and maintain eligibility and continuous coverage for children from birth to age 5 without requiring renewals. [Budget effort sponsored by The Children's Partnership, Maternal and Child Health Access]

IMPROVING HEALTH CARE EQUITY & QUALITY THROUGH ACCOUNTABILITY

Once enrolled, all Californians should be able to access quality care, and our health system should be held accountable for improved health outcomes and reduced racial disparities and other inequities. State efforts should focus to population health rather than profits while ensuring that the system serves the specific needs of California's diverse communities.

- **SB 65 (Skinner): "Mom"nibus.** Racial disparities in maternal and infant death can be closed by holistically supporting birthing people and their babies through income support, expanding access to Medi-Cal coverage in the postpartum period, expanding access to doulas and midwives, and improving investigation of maternal and infant deaths. [Sponsored by Black Women for Wellness, National Health Law Program, Western Center on Law & Poverty]
- **AB 470 (Carrillo): Eliminate Assets Limit for Seniors in Medi-Cal.** No one should lose access to Medi-Cal for having small amounts of savings. [Co-Sponsored by Western Center on Law & Poverty and Justice in Aging]
- **Field Test Translated Medi-Cal Documents:** For the many Medi-Cal beneficiaries who do not understand the materials they receive, this budget request would require documents be written in simple, culturally appropriate language, and be subject to field testing by native speakers to review translations for accuracy, cultural appropriateness, and readability. [Budget effort Sponsored by California Pan-Ethnic Health Network, Western Center on Law & Poverty]
- **AB 1204 (Wicks): Equity Reporting to OSHPD.** The Office of Statewide Health Planning and Development (OSHPD) would require hospitals and large medical groups to submit race-disaggregated quality data and develop an 'equity plan' on how to address any identified disparities. [Sponsored by SEIU California]

REDUCING HEALTH CARE PRICES

The United States spends more than all other industrialized countries on health care per person, not because we use more services or have better health outcomes, but because prices are higher. Consumers need greater oversight on health costs, consolidation, and collection practices to help stop sky-rocketing health care prices. For a health system to be sustainable, we must work to prevent higher prices, premiums, deductibles, and co-pays for Californians.

- **AB 1130 (Wood): Create an Office of Health Care Affordability.** In order to address costs across the entire health care system, an Office of Health Care Affordability would be established to collect and analyze information and identify trends in health care prices. The Office will set enforceable cost targets for health care affordability while also aiming to improve quality and equity. The Office will provide data and tools to meet these goals, and ensure accountability if they don't, including the ability to levy financial consequences.
- **AB 1132 (Wood): Improved Oversight Over Health Care Industry Consolidation.** Consolidation is a big driver in reducing competition and increasing costs. Strengthening and extending the oversight of the California Attorney General and Department of Managed Health Care on health care mergers, acquisitions and other transactions, and also prohibiting certain anti-competitive contracting clauses, will help tamp down on this harmful trend that has only gained steam during the pandemic.

These ten proposals build on California's recent success in implementing and improving on the ACA, would provide real financial relief, expand coverage, and improve cost savings to Californians in the near term. These more immediate steps are complementary with longer-term efforts to get to the goal of universal coverage, cost containment, and health equity and racial justice in our health system.